

MEDICAL REVIEW OF TEXAS

10817 W. Hwy. 71
Phone: 512-288-3300

Austin, Texas 78735
FAX: 512-288-3356

DATE OF REVIEW: DECEMBER 18, 2007

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Lumbar Laminectomy

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION

MD, Board Certified in Neurosurgery

REVIEW OUTCOME

Upon independent review the reviewer finds that the previous adverse determination/adverse determinations should be:

- Upheld (Agree)
- X Overturned (Disagree)
- Partially Overturned (Agree in part/Disagree in part)

Provide a description of the review outcome that clearly states whether or not medical necessity exists for each of the health care services in dispute.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

1. Texas Department of Insurance packet including previous reviewer's denial and rationale for that denial.
2. Packet of information headed by Insurance Company. Enclosed within this are office notes from Dr. beginning 6/1/06 and extending through 8/9/07.
3. Psychiatric evaluation by Dr. dated 9/10/07.
4. EMG's performed on 7/10/06 & 7/11/07. Also included in this are MRIs dated 3/3/06, 6/25/06 and 2/13/07.
5. Operative report dated 8/25/06 describing a decompressive laminectomy at L4 with bilateral laminectomies at the same level. Also dated 8/25/06 is an internal medicine consult that is used as pre-admission.
6. Independent medical exam used for determination of MMI done at Evaluation Centers done on 12/21/06 finding that the patient is at MMI.
7. ODG Guidelines referenced by carrier.

PATIENT CLINICAL HISTORY [SUMMARY]:

This now xx-year-old gentleman was injured on xx/xx/xx at which point he was picking up a pump and felt a pulling sensation in his lower back. He then developed radiating left leg pain and was ultimately taken to the operating room in August 2006 at which point he had a bilateral laminectomy at L4 and a discectomy for a large disc herniation that was noted on an MRI scan. Prior to this he had had an EMG that was within normal limits. Following the patient after surgery was his surgeon, Dr. He saw the patient several times post op and the patient, after finishing his rehab, was found to be in good condition with dramatic improvement of both his leg pain and no real back pain. Specifically he was seen on 10/6/06, which is a little less than two months after his surgery. He was noted to be having a fantastic result with no pain or parasthesias in his lower extremities after his surgery and he was released back to regular activities. Apparently he re-injured himself at some point because he was seen back in April of 2007 complaining of pain again down his left leg, presumably the left leg. He was given an ESI, which made the situation worse. He had an MRI scan which showed disc desiccation at the L4 space as well as granulation tissue also at the L4 segment and what was felt to be a small disc protrusion at that same level. It was recommended that he have a Medrol Dose Pak followed by non-steroidal anti-inflammatory agents. He was given a prescription for Lyrica. He unfortunately did not improve and he was seen again in August of 2007 with persistent pain down his left leg. At that time he was noted to have positive straight leg raising sign, presumably on the left side. He was noted to have normal strength and normal sensation. At this point, because of the duration of his symptoms of just about eight months, Dr. recommended a lumbar laminectomy and sent him for a psychiatric evaluation, which found him suitable for a decompressive laminectomy, presumably with reasonable expectations. This is the procedure now in question.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION.

As noted by the previous reviewers, the *Occupational Medicine Guidelines* as outlined by the *American College of Occupational Environmental Medicine* as well as *The American Association of Neurologic Surgeons Guidelines for Back Surgery* as well as *The National Guidelines Clearing House Guidelines for Lumbar Surgery*, this patient requires the meeting of several criteria prior to surgery. He should have conservative care with a minimum of four weeks, including physical therapy, non-steroidal anti inflammatory agents and traction and on physical exam he should have both subjective and objective complaints. Subjectively, he should have sensory symptoms; either loss of sensation of pain or parasthesias in a dermatomal distribution or he should be seen as dermatomal deficit, a motor deficit, reflex changes or a positive EMG. His exam is quite scant; all we see is a positive straight leg raising sign with normal motor and sensory abnormalities and no reflex exams described. Of note, this patient has a negative EMG. It should be noted that pre operatively he also had an EMG. Finally he should have an abnormal imaging study consistent with the subjective and objective findings. In this case, his MRI scan should correlate with both his

subjective and objective complaints. This gentleman's MRI scan is consistent with granulation tissue so on the surface; this gentleman fails all nationally published guidelines. However, each of the three nationally published guidelines, as mentioned above, is qualified with the following: that these guidelines are meant to be the standard for the majority of pat findings exceeds the specificity of the guidelines, clinical judgment should dictate. Phrases such as: these guidelines are not hard and fast rules, are also included and finally: good medical judgment is important in deciding how to use and interpret this information. It is important that this patient be viewed in this context. Of note, this gentleman had a similar surgical procedure, he had substantial improvement, was able to complete his course of rehab and return to work, and then without provocation he redeveloped symptoms. There was a demonstrable improvement with his overall functional status with surgery. Specifically, he was weaned off his pain medicines and he was able to resume his former occupation. Based on these confounding factors, the guidelines have to be viewed somewhat liberally. In a situation such as this, as outlined by qualifying statements and the *Occupational Medicine Practice Guidelines* as well as the *National Clearinghouse for Guidelines* which derives it's guidelines from the *National Institute of Health*, the complexity is sufficient to allow some leeway in clinical decision making. Standard of care for a patient would include a complete physical exam prior to surgery. This was done prior to his first surgery so it would happen again if surgery were contemplated.

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:

- ACOEM- AMERICAN COLLEGE OF OCCUPATIONAL & ENVIRONMENTAL MEDICINE UM KNOWLEDGEBASE
- AHCPR- AGENCY FOR HEALTHCARE RESEARCH & QUALITY GUIDELINES
- DWC- DIVISION OF WORKERS COMPENSATION POLICIES OR GUIDELINES
- EUROPEAN GUIDELINES FOR MANAGEMENT OF CHRONIC LOW BACK PAIN
- INTERQUAL CRITERIA
- MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS
- MERCY CENTER CONSENSUS CONFERENCE GUIDELINES
- MILLIMAN CARE GUIDELINES
- ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES
- PRESSLEY REED, THE MEDICAL DISABILITY ADVISOR
- TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE & PRACTICE PARAMETERS
- TEXAS TACADA GUIDELINES
- TMF SCREENING CRITERIA MANUAL
- PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE
 - * *American College of Occupational Environmental Medicine*
 - * *The American Association of Neurologic Surgeons Guidelines for Back Surgery*
 - * *The National Guidelines Clearing House Guidelines for Lumbar Surgery*
- OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)